

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/982.828

FILING DATE

APPLICANT(S)

4.26.04 CLAIMS

4.26.04

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	X	X	X	X		
5						
6						
7	X					
8						
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10						
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19						
20		2				
21						
22		4				
23		2				
24		4				
25		4				
26		4				
27					1	
28						1
29						1
30						1
31						1
32						1
33						6
34						6
35						1
36						1
37						2
38						1
39					1	
40						1
41						1
42						1
43						1
44						1
45						1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.	13		5			
TOTAL DEP.	29		5			
TOTAL CLAIMS	42		5			

	* IND.		* DEP.		* IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						2
52						1
53						
54						
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99						
100						
TOTAL IND.						2
TOTAL DEP.						36
TOTAL CLAIMS						38

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS